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Trademark Office on September 10, 2004


Frances Doyle

Attorney Docket No. FUJR 17.945 (100794-11543)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor: YOSHIHIRO WATANABE
Confirmation No.: 2116
Serial No.: 09/726,990
Filed: November 30, 2000
Title: REDUNDANT STRUCTURE CONTROL DEVICE FOR EXCHANGE
Examiner: JAMAL A. FOX
Group Art Unit: 2664

September 10, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450


PETITION FOR EXTENSION OF TIME

Sir:

Applicant requests that the time for taking action in this case be extended pursuant to 37
CFR 1.136(a) for one month.

Any fee due with this paper, including the extension fee in the amount of \$110.00, may
be charged to Deposit Account No. 50-1290.

Respectfully submitted,


Brian S. Myers
Reg. No. 46,947

10/27/2004 PBRITTON 00000005 501290 09726990

01 FC:1251 110.00 DA

CUSTOMER NUMBER 026304
Telephone: (212) 940-8703
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Docket No.: FUJR 17.945 (100794-11543)
BSM:fd

11188521.01

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09726990

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	7 minus 20 =	0
INDEPENDENT CLAIMS	A minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

9/10/04

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	3	Minus .. 20	=
Independent	1	Minus ... 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus ..	=
Independent		Minus ...	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus ..	=
Independent		Minus ...	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	80.00
+135=		OR	+270=	
TOTAL		OR	TOTAL	80.00

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	